

**Code of Ethics for Arkansas Educators
Allegation of Violation Form**

Allegation against _____ Date of _____
Name of Educator _____ Incident _____

Contact Information: Address _____ Phone _____

Name of School/College/University _____ Phone _____

School Address _____ City _____ Zip _____

Name of School District _____ Phone _____

District Office Address _____ City _____ Zip _____

- Standard 1:** An educator maintains a professional relationship with each student, both in and outside the classroom.
- Standard 2:** An educator maintains competence regarding skills, knowledge, and dispositions relating to his/her organizational position, subject matter, and/or pedagogical practice.
- Standard 3:** An educator honestly fulfills reporting obligations associated with professional practices.
- Standard 4:** An educator entrusted with public funds and property honors that trust with honest, responsible stewardship.
- Standard 5:** An educator maintains integrity regarding the acceptance of any gratuity, gift, compensation or favor that might impair or appear to influence professional decisions or actions and shall refrain from using the educator's position for personal gain.
- Standard 6:** An educator keeps in confidence secure standardized test material as well as information about students and colleagues obtained in the course of professional service unless disclosure serves a professional purpose or is allowed or required by law.
- Standard 7:** An educator refrains from using, possessing and/or being under the influence of alcohol, tobacco, or unauthorized drugs while on school premises or at school-sponsored activities involving students.

Which Standard do you believe has been violated? (Please circle) *1 2 3 4 5 6 7

* If this is a Standard 1 Allegation and you are a mandated reporter who believes suspected child maltreatment has occurred pursuant to A.C.A. § 12-12-501 et. seq, did you report it to the Arkansas State Police Child Abuse Hotline? Yes _____ No _____

Allegation/Explanation _____
(Please be as specific as possible)

Please attach additional pages as needed

What evidence do you have? _____

Allegation is being made by – Name _____ Phone Numbers
Home _____
Address _____ Work _____
City, State, Zip _____ Cell _____

Signature: _____ Date _____

Send to: Beverly Williams, Assistant Commissioner for HR/Licensure
Arkansas Department of Education
Four Capitol Mall, Room 204 B
Little Rock, AR 72201

Allegation Validated by: _____ **Date** _____